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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<i>Maricopa</i>	BUREAU OF VITAL STATISTICS	State Index No. <b>174</b>
District	<i>Phoenix</i>	ORIGINAL CERTIFICATE OF DEATH	
Town		County Registered No. <b>1071</b>	Local Registrar's No. <b>4384</b>
Or City		No. <i>3 Smile Mother 7' St</i> St.	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME		<i>Jane Davis Newman</i>	
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	SINGLE	
<i>♀</i>	White Indian	MARRIED	
	Black Chinese	WIDOWED	
	Mexican	or DIVORCED	
DATE OF BIRTH		AGE	
<i>Aug 16 1916</i>		<i>75</i> yrs. <i>0</i> mos. <i>0</i> days	
		If less than 1 day	
OCCUPATION		BIRTHPLACE	
(a) Trade, profession or particular kind of work <i>Housewife</i>		(State or country) <i>No</i>	
(b) General nature of industry, business, or establishment in which employed or (employer)		PARENTS	
		NAME OF FATHER <i>Edw Barnett</i>	
		BIRTHPLACE OF FATHER (State or country) <i>Ent Known</i>	
		MAIDEN NAME OF MOTHER <i>Eddie</i>	
		BIRTHPLACE OF MOTHER (State or country) <i>Ent Known</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)			
(Address)			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	FORMER OR USUAL RESIDENCE	
<i>St. Joseph's</i>	<i>Aug 25 1916</i>	<i>Oregon</i>	
UNDERTAKER	ADDRESS	Local Registrar	
<i>Wm J. L. L. L.</i>		<i>H. B. Beauchamp</i>	
		County Registrar	
		<i>G. B. Nichols</i>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Jan 22 1916*

I hereby certify, that I attended deceased from *Nov 10 1916* to *Jan 22 1916*; that I last saw her alive on *Jan 22 1916*, and that death occurred on the date stated above at *10:00 PM*. The DISEASE or INJURY causing Death was as follows: *Senility*

(Duration) *34* yrs. *0* mos. *0* days

Was disease contracted in Arizona?

CONTRIBUTORY (Duration) *0* yrs. *0* mos. *0* days

(Signed) *W. Craig* 1916 (Address)

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE

At place of death *3* yrs. *0* mos. *0* ds. In Arizona *38* yrs. *0* mos. *0* ds.

Former or Usual Residence *Oregon*

Filed *Jan 25 1916* *H. B. Beauchamp*

Local Registrar

County Registrar *G. B. Nichols*